

# STATEMENT OF NO LOSS

**PRODUCER'S NAME, ADDRESS & PHONE NUMBER:**

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**Include Area Code ( )**

**INSURED'S NAME, ADDRESS & PHONE NUMBER:**

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**Include Area Code ( )**

**INSURANCE COMPANY'S NAME:**

**APPROVED BY (Underwriter):**

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**OLD POLICY NUMBER:**

**NEW POLICY NUMBER:**

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**I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS OR  
CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE  
INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE,**

**FROM 12:01 AM ON** \_\_\_\_\_ **TO** \_\_\_\_\_  
*Cancellation Date* *Date Policy Reinstated*

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Name of Applicant's Company**

## RECEIPT

**RECEIVED BY:** \_\_\_\_\_  
**Producer**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**My Commission Expires**

*Affix Notary  
Seal Here*